

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043812-

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 294

1. PLACE OF DEATH
a. COUNTY St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Charles

Length of stay in 1b

4 Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Charles

c. CITY OR TOWN Wentzville

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Josephs Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

RR 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Anthony Frank Mispagel

4. DATE OF DEATH
Month Day Year
December 6 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/28/1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Wentzville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Anton Mispagel

13b. MOTHER'S MAIDEN NAME

Katherina Pieper

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Wentzville, Katherine Schroeder Missouri RR 2

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Mesenteric thrombosis

INTERVAL BETWEEN ONSET AND DEATH

12 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Intestinal Hemorrhage sec DO

6 hours

DUE TO (c)

Carcinoma pancreas

1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 15 1962 to Dec 6, 1962 and last saw ^{her}him alive on Dec 6, 1962
Death occurred at 11:58 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Russell Glider MD St Charles, Mo Dec 7, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/10/1962

23c. NAME OF CEMETERY OR CREMATORY

St. Patrick Cemetery

23d. LOCATION (City, town, or county)

Wentzville, Missouri

(State)

24. FUNERAL DIRECTOR

T. E. Pitman Funeral Home 909 Pitman Ave. Wentzville, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-7-62

26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.